Application or Docket Number

|             | PAIENIA                              | 09/890219   |                      |                      |                                 |                        |      | _                  |                         |                 |                    |                        |    |  |
|-------------|--------------------------------------|---|----------------------|----------------------|---------------------------------|------------------------|------|--------------------|-------------------------|-----------------|--------------------|------------------------|----|--|
|             |                                      | CLAIMS AS   | Column               |                      | (Colur                          | nn 2)                  |      | PE                 |                         | OR <sup>°</sup> | OTHER<br>SMALL I   |                        |    |  |
| TO          | TAL CLAIMS                           |   |                      |                      | . 3                             | 32.5-5.4               |      | RATE               | FEE                     |                 | RATE               | FEE                    | ĺ  |  |
| FOI         |                                      |   | NUMBER F             | LEO                  | NUMBE                           | R EXTRA                | 84   | asic fee           |                         | OR              | ASIC.FEE           | 860                    |    |  |
| TO          | TAL CHARGEA                          | BLE CLAINS  | 34 min               | us 20=               | - 14                            |                        | Γ    | XS 9=              |                         | OR              | XS18=              | 252                    | ŀ  |  |
| IND         | EPENDENT CL                          | AIMS  | mir                  | nus 3 =              |                                 |                        | , T  | X40=               |                         | OR              | X80=               |                        | İ  |  |
| NU          | LTIPLE DEPEN                         | DENT CLAIM P  | RESENT               |                      |                                 |                        |      | 135-               |                         | OR              | +270=              |                        | ı  |  |
| • 10        | the difference                       | in column 1 is  | less than ze         | ro, enle             | r "O" in c                      | olumn 2                | Ļ    | TOTAL              |                         | OR              | TOTAL              |                        | I  |  |
|             |                                      | claims as amended - Part II  (Column 1) (Column 2) (Column 3) |                      |                      |                                 |                        |      |                    | OTHER THAN              |                 |                    |                        |    |  |
| A F         |                                      | CLAIMS<br>REMAINING<br>AFTER                                  |                      | HIGH<br>NUM<br>PREVI | LEST<br>EBER<br>OUSLY<br>FOR    | PRESENT<br>EXTRA       |      | RATE               | ADDI-<br>TIONAL<br>FEE  |                 | RATE               | ADDI-<br>TIONAL<br>FEE |    |  |
| NAE.        | Total                                | . 32  | Minus                | 3                    | 4                               | . —                    |      | X\$ 9=             |                         | oя              | X518=              |                        | l  |  |
| AMENDMENT   | Independent                          | . 3   | Minus                | •••                  | 3                               |                        |      | X40=               |                         | ОЯ              | X80=               | 5                      | ŀ  |  |
| 4           | FIRST PRESE                          | NTATION OF M  | ULTIPLE DEP          | ENDER                | TCLAIM                          |                        | -    | 155                |                         |                 | +270=,             |                        | I. |  |
|             |                                      |   |                      |                      |                                 |                        | L    | +135=<br>TOTAL     |                         | O,R             | TOTAL              | 11 300                 | ľ  |  |
| <u>/-</u>   | -18-05                               | (Column 1)<br>CLAIMS<br>REMAINING                             | Services<br>Services | HIG                  | mn 2)<br>HEST<br>4BER           | (Column 3              |      | RATE               | ADDI-<br>TIONAL         | JOR ,           | RATE               | ADDI-<br>TIONAL        |    |  |
| AMENOMENT B |                                      | AFTER<br>AMENDMENT  | Marie Control        |                      | FOR                             | EXTRA                  | ┨┠   |                    | FEE                     | 1               |                    | FEE                    | ┨  |  |
| ğ           | Total                                | .26   | Minus                | - 3                  | 34_                             |                        | 4    | X\$ 9=             |                         | OR              | X\$18=             | <b> </b>               | 4  |  |
| E E         | Independent                          | . 3   | Minus                | •••                  | 3                               | 1-                     | 41   | X40=               |                         | OR              | X80=               |                        |    |  |
| L           | FIRST PRESE                          | NTATION OF M  | ULTIPLE DE           | PENDEN               | TCLAIM                          |                        | 1    | +135=              | •                       | OA.             | +270=              | · :                    |    |  |
|             |                                      |   | 04.4                 |                      | •                               |                        | L    | TOTAL              | -                       | 1 <sub>OR</sub> | ADDIT. FE          |                        | ]  |  |
| (           | 21.0(Column 2) (Column 2) (Column 2) |   |                      |                      |                                 |                        |      | DOIT. FEE          |                         |                 | ADDIT. PE          |                        |    |  |
| NIC         | - j<br>- j                           | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT                     | 11.9                 | PREV                 | HEST<br>MBEA<br>MOUSLY<br>D FOR | PRESENT<br>EXTRA       |      | RATE               | ADDI-<br>TIONAL<br>FEE. |                 | RATE               | ADDI-<br>TIONA<br>FEE  | Ŀ  |  |
| ENDMENT     | Total -                              | .25   | Minos                |                      | 34                              | •                      | 11   | X\$ 9=/            | A                       | OF              | X\$18 <sub>7</sub> | 4>                     | j  |  |
| É           | independent                          | . 2   | Minute               |                      | 3                               | •                      | 11   | X40=               | 1                       | OA              | XBA                | 1. )                   |    |  |
| ₹           |                                      | NTATION OF L  | NULTIPLE DE          | PENDE                | VT CLAIN                        | • □                    | J  - | 1/2/               | 1/                      | ┧‴              | -                  | ナナ                     | ┪  |  |
| ٦           | 130                                  | •   |                      |                      |                                 |                        |      | 435=               | <u> </u>                | OR              | +270=              | 1_                     |    |  |
| 5 **        | If the entry in calu                 | الطحومتينيس ومحمد   | David Sout IN TH     | us spaci             | e is less th                    | <b>40 27. 6</b> 7461 3 | 0. A | YOTAL<br>DOIT, FEE |                         | OR              | ADDIT. FE          |                        |    |  |
|             | The "Highest Nu                      |   |                      |                      |                                 |                        |      | nd in the a        | ppropriate t            | oz in c         | olumn 1.           |                        |    |  |
|             | M PTO-475                            |   | <u>·</u>             |                      |                                 |                        | 9,14 | nt and Tool        | enat Office.            | US N            | PARTATAIT          | <b>W W</b>             | ~~ |  |